



DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-NEW]

Agency Information Collection (Wrist Conditions Disability Benefits Questionnaire) under OMB Review

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden; it includes the actual data collection instrument.

DATES: Comments must be submitted on or before **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: Submit written comments on the collection of information through www.Regulations.gov, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW, Washington, DC 20503 or sent through electronic mail to oir_submission@omb.eop.gov. Please refer to “OMB Control No. 2900-NEW (Wrist Conditions Disability Benefits Questionnaire)” in any correspondence.

FOR FURTHER INFORMATION CONTACT: Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue, NW,

Washington, DC 20420, (202) 632-7492 or e-mail crystal.rennie@va.gov. Please refer to “OMB Control No. 2900-NEW (Wrist Conditions Disability Benefits Questionnaire)”.

SUPPLEMENTAL INFORMATION:

Title: Wrist Conditions Disability Benefits Questionnaire, VA Form 21-0960M-16.

OMB Control Number: 2900-NEW (Wrist Conditions Disability Benefits Questionnaire).

Type of Review: New data collection.

Abstract: The VA Form 21-0960M-16, *Wrist Conditions Disability Benefits Questionnaire* will be used for disability compensation or pension claims which require an examination and/or receiving private medical evidence that may potentially be sufficient for rating purposes. The form will be used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. Lastly, this form will gather information related to the claimant’s diagnosis of a wrist condition.

Affected Public: Individuals or Households.

Estimated Annual Burden: 20,000.

Estimated Average Burden Per Respondent: 30 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents: 40,000.

DATED: November 12, 2013.

By direction of the Secretary:

Crystal Rennie, VA Clearance Officer,
U.S. Department of Veterans Affairs.

[Billing Code 8320-01]

[FR Doc. 2013-27395 Filed 11/14/2013 at 8:45 am; Publication Date: 11/15/2013]